

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SCROLL NO.

FILED DATE

10582701
10582701

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								52					
3								53					
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46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL P.D.			2										
TOTAL D.P.			19										
TOTAL CLAIMS			21										